

# 2020 LITTLE CHUTE HIGH SCHOOL FOOTBALL CAMP (GRADES 6-8)

SITE: Little Chute High School Practice Field  
ADDRESS: 1402 Freedom Road, Little Chute, WI 54140  
DIRECTOR: Ted Evers, LCHS Head Football Coach  
E-MAIL: [tevers@littlechute.k12.wi.us](mailto:tevers@littlechute.k12.wi.us)  
PHONE: (920) 788-7600  
ASSISTANTS: LCHS Football Coaching Staff and LC Jets Coaches  
COST: \$10 \*Cash Only! (E-mail Coach Evers if you have a question or concern)  
DEADLINE: All forms must be received by **June 5th**  
ATTIRE: Athletic shorts, t-shirt, socks, football cleats  
BRING: A positive attitude and a strong desire to learn  
GOAL: Learn the fundamentals of football in a positive environment and have FUN!  
YOU GET: Better at football and a t-shirt  
DATES: Tuesday, July 28th, Wednesday, July 29th and Thursday, July 30th  
TIME: 5:00 pm-6:30 pm  
\*camp check-in will be at the HS practice field starting at 4:00 pm on the first day- July 28th)

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Camper's Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Emergency Contact (EC): \_\_\_\_\_ Relationship to athlete: \_\_\_\_\_

EC Phone Number: \_\_\_\_\_

EC E-mail: \_\_\_\_\_

T-shirt size (*circle one*): Youth: S M L Adult: S M L XL XXL XXXL

I certify that the above child is in good physical condition and is physically able to participate in football camp activities. Also, I hereby authorize the camp directors to act for me according to their best judgment in any emergency requiring medical attention. Furthermore, I hereby waive and release Little Chute High School, its athletic department, its football program, and the Little Chute Football Camp (its directors, coaches, and workers) from any and all liability for any injuries incurred while attending camp. I verify that my camper is covered by insurance.

\_\_\_\_\_  
Signature of parent or guardian

\_\_\_\_\_  
Date

*\*Drop off or mail the bottom portion with cash only to the Little Chute High School office by June 5th\**